Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Prevailing Rate and Other Jobs

1. Employer Information
   Name:
   Doing Business As (DBA) Name(s):
   FEIN (optional):
   Physical Address:
   Mailing Address:
   Phone:

2. Notice given:
   - [ ] At hiring
   - [ ] Before a change in pay rate(s), allowances claimed or payday

3. Regular payday:________________

4. Prevailing Rate Jobs Pay Rate(s):
   See next page

5. Occupation:____________________

6. Prevailing Rate Jobs Overtime Pay Rate: Overtime payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule. See next page for rate. Overtime rates will be those posted for the occupation.

7. Non-Prevailing Rate Jobs Pay Rate:
   $________ per hour.

8. Non-Prevailing Rate Jobs Overtime Pay Rate: $________ per hour.

9. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week:
   See next page

10. Allowances taken on non-prevailing rate jobs:
    - [ ] None
    - [ ] Tips ______ per hour
    - [ ] Meals ______ per meal
    - [ ] Lodging ______
    - [ ] Other: ______________________

11. Pay is:
    - [ ] Weekly
    - [ ] Bi-weekly
    - [ ] Other: _____________

12. Employee Acknowledgement:
   On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

   Check one:
   - [ ] I have been given this pay notice in English only because it is my primary language.
   - [ ] My primary language is ________________.
     I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

   ____________________________
   Print Employee Name

   ____________________________
   Employee Signature

   ____________________________
   Date

   ____________________________
   Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Please note: It is unlawful for an employee with protected class status to be paid less than an employee without protected class status, if they are performing substantially equal work. Employers also may not prohibit employees from discussing wages with their co-workers.
## Employee Notice of Prevailing Wage Rate and Supplement Information

Wage & supplement rates required by law to be provided and paid by employer

<table>
<thead>
<tr>
<th></th>
<th>Wage Rate Per Hour</th>
<th>Wage Supplement Rate Per Hour</th>
<th>Total Rate (Wage Plus Supplement) Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breakdown of wage supplements paid***

<table>
<thead>
<tr>
<th>Supplement No.</th>
<th>Hourly Rate</th>
<th>Type of Supplement</th>
<th>Name &amp; Address of Provider</th>
<th>Agreement/Plan Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1</td>
<td>$XXX</td>
<td>(Pension, Welfare, or Other)</td>
<td>Insert Name and Address of Company or Organization Providing Benefit</td>
<td>Identify plan or agreement that creates the benefit, e.g., Union Local No. 1 Collective Bargaining Agreement or Insurance Company X Benefit Plan</td>
</tr>
<tr>
<td>No. 2</td>
<td>$XXX</td>
<td>(Pension, Welfare, or Other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. 3</td>
<td>$XXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. 4</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If wage supplements are paid as a single payment owed to multiple Taft-Hartley multiemployer plans, list only the following: (1) the total paid for the supplement or benefit package; (2) the types of benefits included in the package, e.g., pension, health and welfare, or other; (3) the name and address of the entity to whom payment is sent; and (4) the relevant CBA or letter of assent as the agreement.

**If you believe that you have not received proper wages or benefits, please call the New York State Department of Labor’s nearest office.**

- Albany (518) 457-2744
- Garden City (516) 228-3915
- Patchogue (631) 687-4882
- Utica (315) 793-2314
- Binghamton (607) 721-8005
- Newburgh (845) 586-5287
- Rochester (585) 258-4505
- White Plains (914) 997-9507
- Buffalo (716) 847-7159
- New York City (212) 932-2419
- Syracuse (315) 428-4056

For New York City government agency construction projects, please contact the Office of the NYC Comptroller at (212) 669-4443, or www.comptroller.nyc.gov – click on Bureau of Labor Law.

New York State Department of Labor, Bureau of Public Work
Harriman State Office Campus Building 12, Room 130 Albany, New York 12240
Phone: (518) 457-5589 Fax: (518) 485-1870